STATE OF NEW HAMPSHIRE

Lobbyists Report of Political Contributions Addendum C (RSA Chapter 15:6)

RECEIVED

OCT 3 1 2018

I. Name of Lobbyist(s)	JAMES 1	SURNETT		NEW HAMPSHIRE DEPARTMENT OF STATE
II. Name of lobbyist's part	nership, firm or cor	poration, if any:	Į.	DEPARTMENT OF STATE
SIGAT LINE (Name of partn	PUBLIC 4	FFAIRS, LLC		
III. Name of Client			Date10 /	129/18
For each political contributions client/lobbyist and lobbying			ter 664 paid on beh	alf of the
	_	,		
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/I	nitial)
Amount of contribution \$	100	Office Candidate i	s Seeking STATE	SENATE
If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	ibution on the line above word "estimate."	e for amount of contribu	ution. If the actual co	st is not known,
(SPOUSE)				
	··			
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/l	nitial)
Amount of contribution \$				
If the contribution is an in-kind actual cost of the in-kind contrenter an estimated value and the	l contribution, provide a ibution on the line above	a description of the good	ds or services provide	d, and enter the
	<u> </u>			
Full name of candidate:	(Last Name)	(First Name)	(Middle Name/I	nitial)
Amount of contribution \$, ,	Office Candidate is	•	·

If the contribution is an in-kind contribution, provide a description of the goods or services provided, and enter the actual cost of the in-kind contribution on the line above for amount of contribution. If the actual cost is not known, enter an estimated value and the word "estimate."
(If more than three contributions were made, report additional contributions on separate addendum C forms.)
Sworn Statement/Affirmation by Lobbyist
I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.
(Signature of lobbyist) JAMES BURNETI (Birth New Slabbyist)
(Print Name of lobbyist)

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